

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Gold, *et al.*

Serial No.: 10/080,037

Filed: February 19, 2002

For: An Integrated Temperature Sensor

Attorney Docket No.: SMQ-088 (P6549)

Group Art Unit: 2859

Examiner: Gail Verbitsky

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Facsimile No. (571) 273-2253, on the date shown below:

Dated: August 11, 2004

Signature: David R. Burns

(David R. Burns)

SECOND PROPOSED RESPONSE UNDER 37 C.F.R. §1.116

Dear Sir:

In response to the Advisory Action mailed June 22, 2004 (Paper No. 06172004), please amend the claims in this application as set forth below, to place the application in condition for allowance and, in the alternative, in better condition for appeal.

| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   |                                   | Docket No.<br>SMQ-088 (P6549) |        |
|--|---|---|-----------------------------------|-------------------------------|--------|
| Application No.<br>10/080037-Conf. #8597   |   | Filing Date<br>February 19, 2002        |                                   | Examiner<br>G. K. Verbitsky   |        |
| Applicant(s): Spencer M. GOLD <i>et al.</i>  |   |   |                                   |                               |        |
| Invention: AN INTEGRATED TEMPERATURE SENSOR  |   |   |                                   |                               |        |
| <b>TO THE COMMISSIONER FOR PATENTS</b><br>Transmitted herewith is an amendment in the above-identified application<br>The fee has been calculated and is transmitted as shown below  |   |   |                                   |                               |        |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                               |        |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                          |        |
| Total Claims   | 14  | - 31 =                                  | 0                                 | x                             |        |
| Independent Claims   | 1   | - 3 =                                   | 0                                 | x                             |        |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                               |        |
| Other fee (please specify): Extension for response within third month  |   |   |                                   |                               | 950.00 |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                               | 950.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>  |   |   |                                   |                               |        |
| <input type="checkbox"/> No additional fee is required for this amendment.   |   |   |                                   |                               |        |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>950.00</u><br>A duplicate copy of this sheet is enclosed.  |   |   |                                   |                               |        |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |                               |        |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                               |        |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u><br>as described below. A duplicate copy of this sheet is enclosed  |   |   |                                   |                               |        |
| <input checked="" type="checkbox"/> Credit any overpayment   |   |   |                                   |                               |        |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                               |        |
| <u>David R. Burns</u><br>David R. Burns<br>Attorney Reg. No.: 46,590<br><br>LAHIVE & COCKFIELD, LLP<br>28 State Street<br>Boston, Massachusetts 02109<br>(617) 227-7400  |   |   |                                   | Dated: <u>August 11, 2004</u> |        |
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 672-9308, on the date shown below.<br>Dated: August 11, 2004 <span style="float: right; margin-right: 50px;">             Signature: <u>David R. Burns</u> (David R. Burns)           </span> |   |   |                                   |                               |        |